TREATMENT OF RECTAL PROLAPSE.

SIR,—I am glad to find that Mr. Ian Fraser, in his article on prolapse of the rectum in children (June 7th, p. 1047), supports my advocacy of treatment by injection. In my article in the *British Medical Journal* of April 14th, 1928 (p. 633), the case was instanced of a man of 65, suffering from bronchitis and double hernia in addition to a large prolapse of ten years' duration, who was cured of the prolapse by half a dozen injections, and who reported no recurrence over a year later. If subsequent correspondence be any criterion, the article aroused very considerable interest in the method, which does not require the use of an anaesthetic, nor necessitate the patient leaving off work during treatment, and is applicable to any age. Since its adoption by my staffs I have not required to operate on a case of prolapse in any of the hospitals to which I am attached.—I am, etc.,

Glasgow, June 11th. J. MACEWEN.

DRUG TREATMENT OF MEASLES.

SIR,—We read with interest Dr. J. I. Collier's article (June 14th, p. 1093) on the use of amidopyrin in measles, as we used the drug in all cases treated last winter. All patients were seen daily at least for the first five days, and daily notes of all cases seen are kept. One or two cases were mild, several were severe. In one case the diagnosis was doubtful; it may have been German measles. The following six cases are taken at random.

Case 1.—Aged 15; seen twenty-four hours after rash appeared; temperature 102°; cough; fine rales all over chest. Temperature normal in twenty-four hours; cough much less, and rales gone. Well in three days, out in eight days.

Case 2.—Aged 4; had whooping-cough recently; temperature 104°; cough; rash out. Temperature normal in twenty-four hours, and remained normal. Well in five days.

Case 3.—Aged 48; had slight bronchitis for months, and had pyrexia for three days before being seen. Temperature 103.8°; very bad rash, and bronchitis. Temperature fell to 99° in twenty-four hours, but there was an evening rise to 100° for three nights. Was well in seven days, and then had less bronchitis than before the measles. An expectorant mixture was taken from the fourth to the eighth day.

Case 4.—Aged 8; temperature 103.8°; rash just appearing; cough troublesome. Temperature was 98.8° in twenty-four hours, but rose to 100° by evening, remaining normal after the second day. The child was very ill for twelve hours and had diarrhoea. Refused to take prescribed dosage on the second day. A younger sister died of measles at home (treatment unknown). Patient was in a boarding school.

Case 5.—Aged 3; temperature 104°; rash out; cough troublesome. Temperature fell in twelve hours, and remained down. Cough was almost gone in twenty-four hours. One dose of a linctus was taken.

Case 6.—Aged 5; just recovered from bronchitis. Temperature 104°; cough; rash out; rather ill. Temperature fell to 99° in thirty-six hours, and general condition was good. Only one dose of amidopyrin had been given in the first fourteen hours.

The drug appears to have an almost specific action. There were no complications, and the catarrhal symptoms cleared up with surprising rapidity. There was no need to give a linctus to relieve the cough; this subsided with the temperature. Drug treatment other than amidopyrin appeared unnecessary, and practically all cases could have been allowed up on the fourth day. The dose given was 5 grains four-hourly until the temperature was normal, then 5 grains thrice daily for two days. In Case 5 this appeared rather too much; the patient slept for fourteen to fifteen hours. In two cases a haemorrhagic rash may have been due, in part or wholly, to the drug used.

The treatment would appear worthy of trial on a large scale.—We are, etc.,

G. H. URQUHART, F.R.C.S.Ed.
A. H. WINCHESTER, F.R.C.S.Ed.

St. Annes-on-the-Sea, June 16th.

SIR,—I was much interested to read in last week's *British Medical Journal* the results of the treatment of measles with amidopyrin. For some years now I have been treating measles with the powder consisting of aceto-salicylic acid 5 grains, compound ipecacuanha powder 2½ grains, and phenacetin 2½ grains, made for me by Messrs. Richardson of Leicester, and of which I claim to be one of the originators. When discussing with the late Sir Archdall Reid of Portsmouth the marvellous effects of these powders, if given in sufficient doses and early, in acute lobar pneumonia in children, he advised me to try them in measles and mumps. His exact words in his letter to me were: "In measles you will get amazing results, the last six cases I treated being well in forty-eight hours, and mumps in one day, though in the latter the swelling persisted for a short while." I think it is due to his memory that these facts should be known.—I am, etc.,

Llanelly, June 16th. H. J. CLUTTERBUCK.

INSTRUMENTAL ROTATION IN THE OCCIPITO-POSTERIOR CASE.

SIR,—In the *British Medical Journal* for June 7th Dr. Douglas Miller says that forceps rotation for occipito-posterior cases "demands a high degree of manipulative skill, and . . . should be attempted only by the expert." Your leading article on the subject adds that "the modern obstetric forceps is an unsuitable instrument for rotating an occipito-posterior head," which reads like an editorial announcement that the discussion is now closed. Fortunately Professor John Hay, in his splendid Mackenzie Memorial Lecture (printed in the same issue), pleads that "the general practitioner must become one of the team, his position frankly realized, and his co-operation welcomed."

On more than one occasion during the past twenty years I, a general practitioner, have dared to interrupt these recurrent studies of the occipito-posterior problem with a plea for the use of forceps to rotate. Oftener I have remained silent. No specialist has urged the merits of the method; some have turned it down; one grimly pictured its potentialities for fatal torsion of the foetal neck. I think it was then that the open minds closed with a snap. But wait.

Just recently I learned that the professor in whose class some thirty-six or thirty-seven years ago I received the hint to rotate an occipito-posterior head with forceps never himself reckoned the method safe enough to use. He confessed the fact to his successor in the chair. But his class (in my day) never sensed a doubt. So in faith, happily ignorant of apprehensions, recking naught of twisted necks, unsuspicious of the suitability of "modern obstetric forceps," never pausing to take stock of my "manipulative skill," I have gone on all these years applying the lesson. And not once have I seen cause to repent.

The manœuvre is simplicity itself. There is no feat in obstetrics so essential in general practice, easier to perform, more effective. Deep chloroform anaesthesia is desirable throughout. You diagnose the position of the head, lay your blades as squarely to its sides as possible, lock the instrument, *and keep it locked*, then (in a pause between pains, and gently) push the foetus back towards the uterus until its head feels free. Now, still gentle, you give the forceps a half turn (like a key in a lock) and proceed to deliver. The original instruction—to bring the head down until it is fixed and then withdraw the reversed forceps and apply them again—is unnecessary. More, it may do harm. Heads can revert too easily. Thus in all but exceptional cases it is safer and easier not to unlock the forceps. The facility with which delivery can be effected with them in this manner is a shock to one's notions about the parts and the art—but a salutary shock, for modern obstetrics tends to become paralysed with exuberant theory.—I am, etc.,

Belfast, June 8th. ROBERT WATSON.

LOCAL RESISTANCE TO INFECTION.

SIR,—I was interested in Dr. H. W. Webber's letter (June 14th, p. 1112) concerning the high resistance to infection in the perianal region. The mouth, at the other end of the alimentary tract, is equally exposed to infection. Here also the local immunity is very high. Surgical operations and the ordinary extraction of teeth leave raw and damaged tissues bathed with saliva having countless micro-organisms in suspension, yet healing takes place rapidly without infection spreading. In the process of evolution this local immunity has no doubt been a necessary condition for our survival.—I am, etc.,

London, W.1, June 14th. R. ERNEST RIX, M.R.C.S., L.D.S.